

BUILDING PERMIT APPLICATION

MUNICIPALITY				Project N° / Numerical Code		Permit N°	
Application Date:		Application received by		Fee Received \$		Fee received by	
1. Site Location (911)						2. Zoning District	
						3. Rehab Code Circle1 YES NO	
4. Plat	5. Lot	6. Area	7. Previous Use		8. Proposed Use		
9. OWNER:				ADDRESS		TEL N°	
10. CONTRACTOR:				ADDRESS		TEL N°	
11. RI REG N°		12. EXPIR Date:		13. LEAD LIC N°		14. EXPIR Date:	
15. Architect / Engineer				ADDRESS		TEL N°	
16. RI Reg. N°		17. Stamped Prints (Circle one) Yes No		18. Certificate of Occupancy Required		YES NO	
20. DESCRIPTION OF WORK TO PERFORMED:						21. USE OF EACH FLOOR	
						BSMT.	
						1 st	
						2 nd	
						3 rd	
						4 th	
						5 th	
						Other	
A Type of Improvement		B OWNERSHIP		C Type of Construction (1 Only*)			
1. New Structure		Public		1. 1A			
2. Addition to Existing		1. STATE		4. 2B			
3. Modification to Existing		2. Municipal		5. 3A			
4. Foundation Only		3. Other Specify		6. 3B			
5. Other Specify				7. 4			
				8. 5A			
				9. 5B			
						* Limited to least of construction rating 1A Highest 5B Lowest	
D Proposed Use Residential		E Proposed Use Non-Residential		F Residential Uses New Renovate			
1. R-1 Hotels		1. A1 Theater		Single Family Dwellings + Townhouse SBC-2			
2. R-2 Apartments		2. A2 Rest./ Nightclub		1. Total Single Family Units			
3. R-3 Residential		3. A3 Assembly Rec		2. Total N° of Bedrooms			
4. R-4 Assisted Living		4. A4 Assembly Arena		Total N° of Baths 3. Full 4. Half			
5. Garage / Carport		5. A5 Assembly Outdr.		Multi Family Dwellings SBC-1 R2			
6. Manufactured Home HUD		6. F1 Factory Modr.		5. Total N° of Kitchens			
7. Modular Home (IIBC)		7. F2 Factory Low		Total N° of Baths 6. Full 7. Half			
8. Swimming Pool		8. H1 H Hz Detonate		Total No. of Apartments by No. of Bedrooms			
9. 1+2 Family Detach SBC2		9. H2 H Hz Deflagrate		8. Effic. 9. 1Br 10. 2Br			
10. Fireplace		10.H3 H Hz Physical		11. 3Br 12. 4Br 13. 5Br			
11. Other		11.H4 H Hz Corr. Toxic		14. More Specify			
Specify		12.H5 H Hz Mat Prod		15. Total Buildings in Project (Site)			
G. Foundation Setbacks From property		H. Building Dimensions		I. PROJECT COST MATERIAL AND LABOR			
1. Front		1. Number of Stories				VALUE Mat/Labor FEE / Sch.	
2. Rear		2. Basement Yes No		1. GENERAL		.00 .00	
3. Left		3. Height Ft.		2. ELECTRICAL (+Alarm Telecom)		.00 .00	
4. Right		4. Width Ft.		3. Plumbing / Piping		.00 .00	
		4. Depth Ft.		4. MECHANICAL Heat Air Cond.		.00 .00	
J. FLOOD HAZARD AREA		5. Bld Ftpnt Sf.		5. FIRE SUPPRESSION		.00 .00	
YES NO		6. Total Gross SF		6. DEMOLITION		.00 .00	
1. MAP#		K. SEWAGE DISPOSAL		7. DLT BOILER *1		.00 .00	
2. ZONE		1. PUBLIC		8. DLT ELEVATOR / LIFT *2		.00 .00	
3. ELEV.		2. PRIVATE					
FEMA map required		3. OSWTS #		TOTAL PROJECT COST		.00	
		DATE		TOTAL PERMIT FEES		.00	
L. OFF STREET PARKING		M. WATER SUPPLY		ADA / CE State Fee *3*4 23-27.3-108.2 (c) 0.1% (0.001)		0.00	
1. Enclosed		1. PUBLIC		Radon Fee *4 RIGL 23-61-8 (\$0.02 /sf. Residential)		0.00	
2. Outdoors		2. PRIVATE		TOTAL FEES DUE		.00	
		3. Individual WELL		Make Check or Money Ord. Payable to "STATE OF RHODE ISLAND"			

I hereby certify that I have full authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all the applicable codes and ordinances of this jurisdiction.

Tel No.

APPLICANT SIGNATURE:

CODE EDITION:

FOR:

*1. Boiler and Mechanical permits required

*2. Elevator and Electrical permits required

*3 SBC-2 max fee \$50.00 *4 Local fee only

E-MAIL ADDRESS: